



# **Barriers to Obtaining Health Care among Insured Massachusetts Residents**

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## Executive Summary

Although Massachusetts' 2006 health reform initiative led to significant gains in insurance coverage and improvements in access to health care, barriers to obtaining care still exist for some Massachusetts residents, including difficulties in finding providers who will see them and high health care costs. This policy brief uses the 2008 and 2009 Massachusetts Health Insurance Survey to examine reported difficulties in obtaining health care for insured residents in the state, focusing on difficulties related to access to providers and unmet need for care because of health care costs. Although access to care in Massachusetts tends to be better than in the United States as a whole, opportunities for improvement remain. The goal of this policy brief is to identify population groups who face greater obstacles in getting health care services to aid in the development of strategies for improving access to care in the state. Such strategies could include efforts to target particular population groups, as well as targeting particular care settings and care delivery systems.

### Key findings:

- Almost one-third (32.8%) of Massachusetts residents with full-year insurance coverage reported some type of problem getting health care in the past 12 months. This included more than one in five (22.5%) who reported problems getting care related to access to providers, and almost one in five (18.1%) who reported that they were not able to get the health care that they needed because of cost.
- Reported difficulties getting health care were more common among non-elderly adults than elderly adults or children in Massachusetts. Nearly 40% of non-elderly adults reported difficulties getting health care as compared to 24.9% of elderly adults and 20.8% of children.
- Other residents who were more likely to have problems obtaining care included those who were not U.S. citizens, individuals with a disability, and those with lower family income.
- Massachusetts residents who had a usual source of health care, that is, those with a place they usually go to when they are sick or want advice about their health, were less likely to have problems obtaining care than those who did not have a usual source of care, or who relied on the emergency department as their usual source of care.
- Among those with a usual source of care, Massachusetts residents who relied on a doctor's office or a private clinic were less likely to have problems obtaining care than were those who relied on hospital outpatient departments or community health centers and other public clinics.
- Type of insurance coverage also mattered, with residents with employer-sponsored insurance coverage less likely than those with Medicare or other types of coverage to have problems getting health care (31.8% as compared to 28.5% for those with Medicare and 42.5% for those with MassHealth, CommCare, CommChoice, or other coverage).

## Introduction

As a result of its 2006 health reform initiative, Massachusetts is now close to universal health insurance coverage, with nearly all residents insured.<sup>1</sup> The Commonwealth's reform efforts have also led to significant improvements in access to care, with increases in doctor visits, preventive care visits, and dental care visits, among other things. Despite these gains, however, barriers to obtaining health care remain for some Massachusetts residents, including difficulties in finding providers who will see them and high health care costs.<sup>2</sup>

In this policy brief, we used the 2008 and 2009 Massachusetts Health Insurance Survey (MHIS) to examine reported difficulties in obtaining health care for insured residents, focusing on difficulties related to access to providers and unmet need for care because of health care costs. Barriers to care across the overall population are examined, as well as barriers to care for individuals who rely on different settings for getting their health care, and for individuals with different types of insurance coverage. Identifying population groups who face more obstacles in getting health care services can aid in the development of strategies aimed at improving access to care for those with insurance coverage in Massachusetts.

This policy brief focuses on reported problems with access to and affordability of care in Massachusetts. While the data used for this study do not allow a comparison of the frequency of reported problems obtaining care in Massachusetts to other states, national data sources indicate that access to care tends to be substantially better in Massachusetts than in the rest of the country. In the most recent ranking of state health system performance, the Commonwealth Fund ranked Massachusetts among the top quartile of states on access to care, reflecting the high share of state residents who report doctor visits for routine care and the low share reporting that they did not get needed doctor care because of costs.<sup>3</sup> With respect to the latter, the Behavioral Risk Factor Surveillance System found that 6.3% of non-elderly adults in Massachusetts reported not seeing a doctor in the past 12 months because of cost, as compared to 14.1% for the nation as a whole.<sup>4</sup>

## Data and Methods

### Data

We relied on the MHIS for this study. To increase the sample size for the analysis, we combined data from the 2008 and 2009 MHIS. The MHIS provides information on health insurance coverage and

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<sup>1</sup> Long, SK, L Phadera, and K Stockley. "Health Insurance Coverage in Massachusetts: Estimates from the 2009 Massachusetts Health Insurance Survey." October 2009 (Available at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)).

<sup>2</sup> Long, SK, and P Masi. "Access and Affordability: An Update on Health Reform in Massachusetts, Fall 2008." *Health Affairs* 28.4 (2009): 578–87.

<sup>3</sup> McCarthy, D, SKH How, C Schoen, JC Cantor and D Belloff. "Aiming Higher: Results from a State Scorecard on Health System Performance, 2009," October 2009 (Available at [www.commonwealthfund.org](http://www.commonwealthfund.org)).

<sup>4</sup> BRFSS estimates available at [www.statehealthfacts.org](http://www.statehealthfacts.org).

access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household responds to questions about health insurance coverage and demographic characteristics for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person) and other members of his or her family who reside in the household. For this analysis, we relied on data for that target person. The sample size for the analysis is 9,283. More information on the MHIS survey is available at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

The analysis focuses on examining barriers to obtaining health care that are associated with access to providers and health care costs. The measures of barriers to care related to access to providers are based on a “yes” response to survey questions about specific types of problems the target person may have experienced when trying to get care in the past 12 months. Those problems were:

- Unable to get an appointment at the doctor’s office or clinic as soon as he/she thought one was needed.
- Told by a doctor’s office or clinic that they weren’t accepting patients with his/her type of health insurance when he/she tried to get care.
- Told by a doctor’s office or clinic that they weren’t accepting new patients when he/she tried to get care.

The measures of barriers to care associated with health care costs are based on responses to questions concerning not getting specific types of needed health care in the past 12 months because of cost. The types of care examined were:

- Doctor care
- Specialist care
- Dental care
- Prescription drugs

To focus on barriers to care faced by those with insurance coverage (rather than barriers associated with a lack of insurance coverage), we limited the analysis to Massachusetts residents reported to have health insurance for all of the prior year. While the survey contains information on whether a person had insurance coverage over the prior year, it does not provide information on different types of insurance coverage (e.g., employer-sponsored, Medicaid or Medicare) a person may have had over the prior year. The survey does, however, ask about the type of coverage a person had at the time of the survey. We used this current health insurance coverage in our analysis of differences in access to health care for those with different types of coverage. We considered three types of current coverage—(1) employer-sponsored insurance, (2) Medicare, and (3) other coverage, which includes MassHealth (the state’s Medicaid program), CommCare (a new program under health reform that provides subsidized coverage for lower-income residents) and CommChoice (a new private coverage option available through a state purchasing exchange created under health reform)

as well as other sources of coverage.<sup>5</sup> Thus, the analysis identifies barriers to care over the past year reported by individuals with different types of health insurance at the time of the survey. The findings reported here should not be interpreted as barriers to care associated with a particular type of insurance coverage, rather they are the barriers to care reported by those with that type of insurance.

Similarly, we report on barriers to care over the past year reported by individuals who rely on different care settings as their usual source of care at the time of the survey. These places, which are where the individual usually goes when he or she is sick or needs advice about their health, include doctors' offices and private clinics, hospital outpatient departments, and community health centers and other public clinics. Again, the findings reported here should not be interpreted as barriers to care associated with a particular care setting, but the barriers to care reported by those using that care setting.

## Methods

We utilized both descriptive and multivariate methods. The analysis begins by documenting the scope of barriers to care in Massachusetts among insured residents. We then used multivariate methods to examine the association between individual characteristics and barriers to care, controlling for other factors. Since the barriers to care measures are binary variables (taking the value 0 or 1), we estimated probit models. The explanatory variables used in the model include demographic characteristics (age, gender, race/ethnicity, and citizenship status), health and disability status, and family income and geographic location (based on six regions of the state—Western, Central, Northeast, Southeast, Boston, and Metro West).<sup>6</sup>

For ease of presentation, we report the change in the probability of having problems accessing health care associated with each of the explanatory variables. Thus, for example, we report on the difference in the probability of having a problem getting health care for women versus men, for older residents versus younger residents, for persons in fair or poor health versus those in better health, and for U.S. citizens versus non-citizens.<sup>7</sup> The goal of this analysis is to identify population groups in Massachusetts who are most likely to report problems obtaining health care.

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<sup>5</sup> Individuals are assigned to a single type of coverage, with coverage types assigned in the order of (1) Medicare, (2) ESI and (3) MassHealth, CommCare, CommChoice or other coverage. The reliance on the latter category, which combines coverage from a number of different sources, reflects the finding that survey respondents were often not sure of the name of the program under which they are obtaining insurance.

<sup>6</sup> All estimates reported here are weighted. Standard errors have been adjusted to account for the complex design of the survey using the "svy" procedures in Stata. See, StataCorp. 2005. *Stata Statistical Software: Release 9*. College Station, TX: StataCorp LP.

<sup>7</sup> In technical terms, we report the marginal effects from the probit regression models rather than the coefficient estimates.

## Findings

### Prevalence of Difficulties Getting Health Care

Almost one-third (32.8%) of Massachusetts residents with full-year insurance coverage reported some type of problem getting health care in the past 12 months (Table 1). This included more than one in five (22.5%) who reported problems getting care related to access to providers and almost one in five (18.1%) who reported that they were not able to get health care that they needed because of cost. Almost 8% of the insured residents reported problems related to both access to providers and to health care costs (data not shown). As noted above, we do not have comparable data for the nation as a whole; however, national data sources with more limited measures of difficulties obtaining health care show better access to care in Massachusetts than in the nation as a whole.

Among the difficulties related to access to providers, an inability to get an appointment when needed was the most common problem (16.1% of all insured residents), followed by being told that a provider was not accepting new patients (9.4%), and being told that a provider did not take the person's type of insurance coverage (5.9%). The most common type of unmet need because of cost was unmet need for dental care (13.3%), followed by prescription drugs (6.8%), specialist care (4.1%), and doctor care (3.3%). The higher level of unmet need for dental care is not surprising since it is often not included in health insurance plans. Dental care is included in MassHealth and for some groups enrolled in CommCare, but it is not included in the minimum creditable coverage standards for insurance coverage that complies with Massachusetts' individual mandate for insurance coverage for adults. A key element under health reform in Massachusetts, the individual mandate requires that adults have insurance coverage that meets a minimum level of benefits if affordable coverage is available to them.

### Difficulties Getting Health Care across Age Groups

Reported difficulties getting health care were much more common among non-elderly adults than elderly adults or children (Table 1). Nearly 40% of non-elderly adults reported difficulties getting health care as compared to 24.9% of elderly adults and 20.8% of children. Difficulties related to access to providers were reported by nearly twice as many non-elderly adults as children or elderly adults (27.3 % versus 15.2% and 14.7%). Nearly twice as many non-elderly adults as children also reported unmet need for care because of costs (22.8% versus 9.0%). A higher share of elderly adults than children also reported unmet need due to costs (13.9%), largely due to unmet need related to the costs of dental care and prescription drugs, two areas with more limited coverage under the Medicare program and high levels of use among the elderly. Although prescription drugs are covered under the Medicare program, drugs costs in what is called the coverage gap or "doughnut hole" are not covered. While the coverage gap varies across health plans, in 2009, Medicare beneficiaries were generally responsible for 100% of drug costs between \$2,700 and \$4,350.<sup>8</sup>

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<sup>8</sup> Centers for Medicare & Medicaid Services, "Medicare Prescription Drug Coverage: Things to Consider," 2009. (Available at <http://www.medicare.gov/pdp-things-to-consider.asp>).

**Table 1: Frequency of Reported Problems Getting Health Care among Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009, by Age**

	All Residents	Age Category		
		Children (ages 0 to 18)	Non-Elderly Adults (ages 19 to 64)	Elderly Adults (ages 65+)
Any reported problems getting health care in the last 12 months (%)	32.8	20.8	39.5 ***	24.9 **
Any difficulty getting care related to access to providers (%)	22.5	15.2	27.3 ***	14.7
Unable to get an appointment when needed	16.1	9.9	20.2 ***	9.5
Told provider did not take type of insurance	5.9	4.9	6.8 **	3.7
Told provider was not accepting new patients	9.4	4.6	12.4 ***	5.0
Any unmet need for health care because of cost (%)	18.1	9.0	22.8 ***	13.9 ***
Doctor care	3.3	1.1	4.5 ***	1.9 *
Specialist care	4.1	2.2	5.4 ***	2.2
Dental care	13.3	6.2	17.1 ***	9.7 ***
Prescription drugs	6.8	3.4	8.4 ***	5.9 ***
<b>Sample size</b>	<b>9,283</b>	<b>1,376</b>	<b>5,769</b>	<b>2,138</b>

Source: 2008 and 2009 Massachusetts Health Insurance Survey, N=9,283

\* (\*\*) (\*\*\*) Difference from value for children is statistically significant at the .10 (.05) (.01) level, two-tailed test.

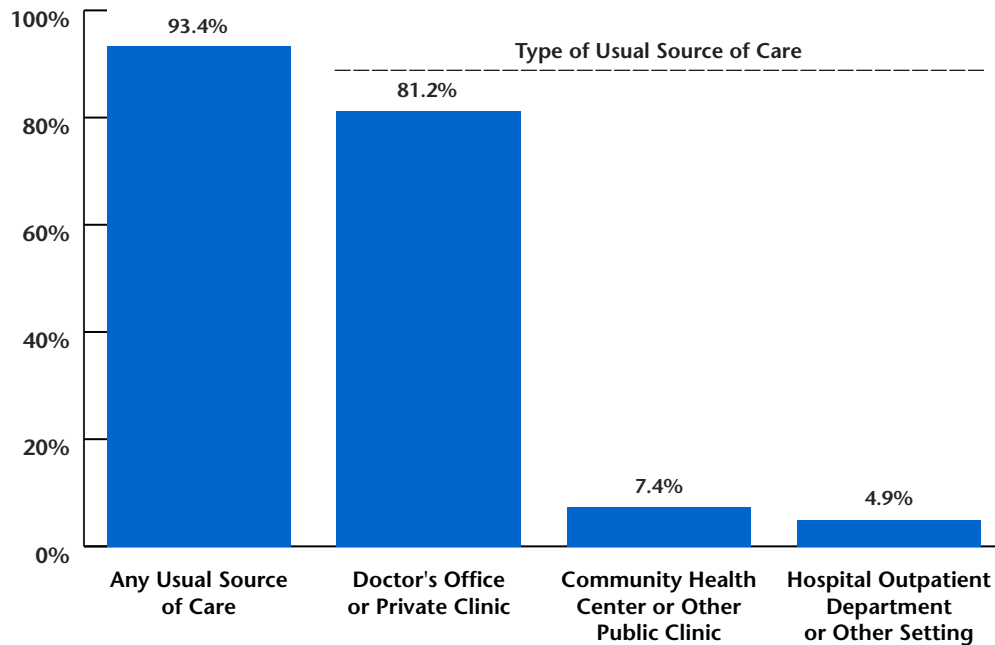
## Difficulties Getting Health Care across Care Settings

As part of the survey, individuals were asked whether there was a place they usually go to when they are sick or when they need advice about their health. Nearly all (93.4%) of the Massachusetts residents who were insured for the full year reported having a usual source of care, excluding the emergency room (Figure 1). Most (81.2%) reported that their usual source of care was a doctor's office or a private clinic. A community health center or other public clinic was reported as the usual source of care by 7.4% of residents, while 4.9% reported a hospital outpatient department or some other settings as their usual source of care.

As shown in Table 2, reported problems getting health care over the prior year were more common among those without a usual source of care and among those who relied on providers other than a doctor's office or a private clinic. Compared to those whose usual source of care was a doctor's office or a private clinic, individuals reporting no usual source of care were significantly more likely to



**Figure 1: Percent of Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009 Who Had a Usual Source of Care, by Type of Usual Source of Health Care**



Source: 2008 and 2009 Massachusetts Health Insurance Survey  
 Note: ED is Emergency Department.

report that they were told by a provider that they were not taking the individual's type of insurance or that they were not accepting new patients. Individuals without a usual source of care were also significantly more likely to report unmet need for doctor care and specialist care due to costs.

Those who rely on a community health center or other public clinic as their usual source of care were more likely than those relying on a doctor's office or private clinic to report difficulties getting an appointment when needed and to report unmet need due to cost for specialist care, dental care, and prescription drugs.

### Difficulties Getting Health Care across Insurance Coverage Groups

Among Massachusetts residents with full-year insurance coverage, the majority (69.5%) reported employer-sponsored insurance (ESI) coverage. The remaining adults were split fairly evenly among the other insurance categories, with 16.0% reporting Medicare coverage and 14.5% reporting coverage under MassHealth, CommCare, CommChoice or some other type of coverage (Figure 2).

As shown in Table 3, relative to those with ESI coverage, the share of residents reporting difficulties getting health care was somewhat lower for those with Medicare coverage (28.5% versus 31.8%), but substantially higher for those with MassHealth, CommCare, CommChoice or other coverage (42.5% versus 31.8%). Residents in the latter group were more likely to report being told that a provider did not take their type of insurance coverage or that the provider was not taking new patients. They

**Table 2: Frequency of Reported Problems Getting Health Care among Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009, by Type of Usual Source of Health Care**

	Usual Source of Care			
	Doctor's Office or Private Clinic	Community Health Center or Other Public Clinic	Hospital Outpatient Department or Other Setting	No Usual Source of Care (includes ED)
Any reported problems getting health care in the last 12 months (%)	31.5	42.6 ***	35.1	35.3
Any difficulty getting care related to access to providers (%)	21.4	29.7 ***	26.8 **	24.8
Unable to get an appointment when needed	15.1	24.2 ***	19.5 **	17.0
Told provider did not take type of insurance	5.6	6.8	5.0	8.8 **
Told provider was not accepting new patients	8.8	10.4	11.8	13.4 **
Any unmet need for health care because of cost (%)	17.3	24.6 ***	19.2	20.1
Doctor care	2.9	4.1	4.2	6.7 ***
Specialist care	3.6	6.2 **	3.8	8.1 ***
Dental care	12.7	18.3 ***	14.9	14.9
Prescription drugs	6.4	10.6 ***	6.3	6.9
<b>Sample size</b>	<b>7,582</b>	<b>618</b>	<b>481</b>	<b>602</b>

Source: 2008 and 2009 Massachusetts Health Insurance Survey, N=9,283

\* (\*\*) (\*\*\*) Difference from value for "Doctor's Office or Private Clinic" is statistically significant at the .10 (.05) (.01) level, two-tailed test.

Notes: ED is Emergency Department

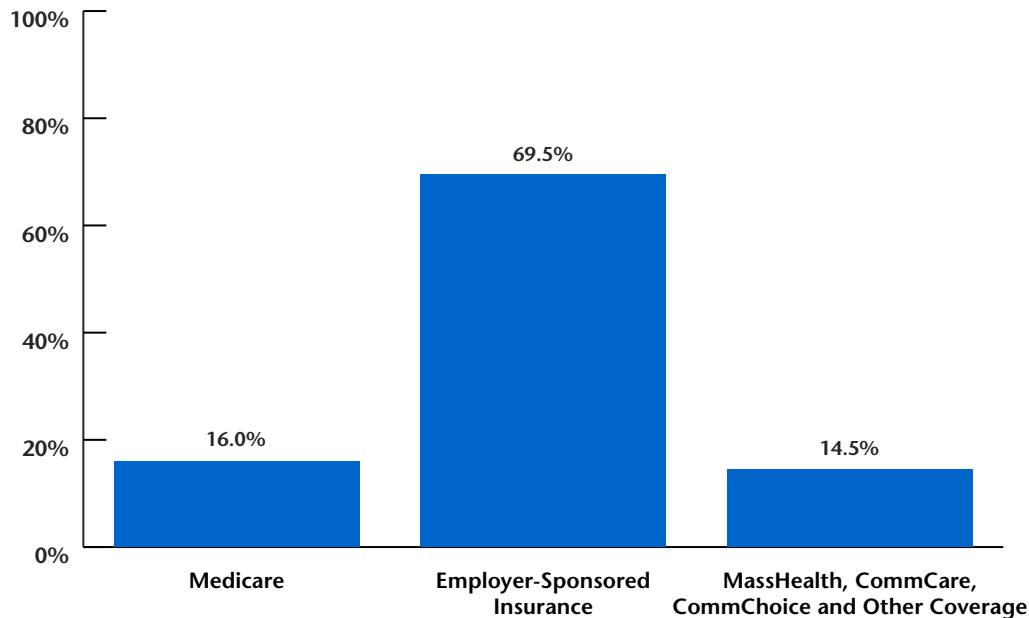
were also more likely to report all types of unmet need for health care because of the cost of care, with one in five reporting unmet need for dental care due to costs and one in ten reporting unmet need for prescription drugs. Unmet need for prescription drugs due to costs was also significantly higher among Medicare beneficiaries relative to those with ESI coverage.

## Who Has Difficulties Getting Health Care?

In addition to the differences in barriers to care across age groups, as outlined above, problems getting health care—both access to providers and unmet need because of costs—were more common among women, Hispanic residents, individuals who were not U.S. citizens, and those in fair or poor health or with a disability (Table 4). The latter two findings likely reflect the greater health care needs and health care use of those with health problems or a disability.

There were also significant differences in reported difficulties obtaining care by income level. Those in the lowest income group, that is, with family income less than 150% of the federal poverty level

**Figure 2: Percent of Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009, by Type of Current Health Insurance Coverage**



Source: 2008 and 2009 Massachusetts Health Insurance Survey

Note: Individuals are assigned to a single type of coverage, with coverage type assigned in the order of (1) Medicare, (2) ESI and (3) MassHealth, CommCare, CommChoice or other coverage.

(FPL), were more likely to report difficulties getting care related to both access to providers and health care costs. Those with family income between 150% and 299% of the FPL were also more likely to report unmet need due to costs, while higher-income residents with family income at 500% of the FPL or more were less likely to report such unmet need.

Finally, problems obtaining care related to both access to providers and health care costs were more common in Boston and less common in the Metro West region of the state. Unmet need due to costs was also more common in the Western region of the state.

## Predicting Difficulties Getting Health Care

To identify the individual and family characteristics that are the strongest predictors of difficulties in getting health care, we estimated multivariate regression models. As shown in Table 5, a person's age is a significant factor: The probability of reporting a problem getting health care was roughly 20 percentage points higher for adults ages 19 to 50 than those ages 65 and older, all else being equal. For adults ages 51 to 64, the probability of a problem getting care was 13.6 percentage points higher than that faced by elderly adults.

Other groups that were much more likely to face difficulties getting care include non-citizens (10.3 percentage points higher than for citizens), persons with disabilities (12.9 percentage points higher than for individuals without disabilities), and low- and moderate-income individuals.

**Table 3: Frequency of Reported Problems Getting Health Care among Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009, by Type of Current Health Insurance**

	Current Health Insurance Coverage <sup>1</sup>		
	Employer-Sponsored Insurance	Medicare	MassHealth, CommCare, CommChoice, or Other Coverage
Any reported problems getting health care in the last 12 months (%)	31.8	28.5 ***	42.5 ***
Any difficulty getting care related to access to providers (%)	22.2	17.1 ***	30.1 ***
Unable to get an appointment when needed	16.7	11.8 ***	17.9
Told provider did not take type of insurance	4.0	5.3 *	15.2 ***
Told provider was not accepting new patients	9.5	6.2 ***	12.4 ***
Any unmet need for health care because of cost (%)	16.8	16.7	25.9 ***
Doctor care	3.0	2.5	5.7 ***
Specialist care	3.6	3.4	7.3 ***
Dental care	12.5	11.1	20.0 ***
Prescription drugs	6.0	7.5 **	9.9 ***
<b>Sample size</b>	<b>5,836</b>	<b>2,357</b>	<b>1,090</b>

Source: 2008 and 2009 Massachusetts Health Insurance Survey, N=9,283

\* (\*\*) (\*\*\*) Difference from value for "Employer-Sponsored Insurance" is statistically significant at the .10 (.05) (.01) level, two-tailed test.

<sup>1</sup>Individuals are assigned to a single type of coverage, with coverage types assigned in the order of (1) Medicare, (2) ESI and (3) MassHealth, CommCare, CommChoice or other coverage.

Not surprisingly, family income was a particularly strong predictor of unmet need for health care because of costs: Lower family income was associated with higher levels of unmet need for all of the types of care that were examined. Within the measures of difficulty getting care related to access to providers, lower family income was a significant predictor only of difficulty obtaining care because of being told that a provider was not taking the individual's type of insurance coverage.

Finally, difficulties obtaining care were more common among females (4.5 percentage points higher than males) and among residents in Boston, the Western and Southeast regions of the state relative to the MetroWest region. By contrast, after controlling for other factors, there were no racial/ethnic differences in problems obtaining health care in the state.

In addition to the models presented here, we also estimated models for those Massachusetts residents with the full-year insurance coverage by type of usual source of care and by type of current insurance coverage. The results were very similar to the estimated models presented here. Within

**Table 4: Characteristics of Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009, by Reported Problems Obtaining Health Care**

	All Residents	Had Any Problems Getting Health Care		Had Any Difficulty Getting Care Related to Access to Providers		Had Any Unmet Health Care Needs Because of Costs	
		No	Yes	No	Yes	No	Yes
Age (years)							
0 to 5	7.5	9.2	4.0 ***	8.3	4.8 ***	8.7	1.9 ***
6 to 11	6.8	8.2	4.0 ***	7.6	4.1 ***	7.6	3.2 ***
12 to 18	10.7	12.0	7.9 ***	11.5	8.0 ***	11.4	7.4 ***
19 to 34	19.6	17.3	24.3 ***	18.0	25.1 ***	18.4	25.2 ***
35 to 50	23.9	20.6	30.6 ***	21.8	31.2 ***	22.0	32.4 ***
51 to 64	17.5	16.9	18.7 **	17.4	17.7	17.1	19.2 **
65 and older	14.1	15.7	10.7 ***	15.5	9.2 ***	14.8	10.8 ***
Race/Ethnicity							
White, non-Hispanic	80.1	80.9	78.3 **	80.6	78.1 *	80.7	77.2 **
Black, non-Hispanic	5.8	5.6	6.2	5.9	5.5	5.6	7.0
Other/multiple races, non-Hispanic	7.7	7.5	8.0	7.4	8.8	7.6	8.0
Hispanic	6.5	6.0	7.5 **	6.1	7.7 **	6.2	7.8 **
Sex							
Female	52.3	50.3	56.4 ***	50.6	58.5 ***	51.4	56.6 ***
Male	47.7	49.7	43.6 ***	49.5	41.5 ***	48.6	43.4 ***
U.S. Citizenship Status							
Citizen	95.9	96.9	93.9 ***	96.5	94.0 ***	96.6	93.0 ***
Not a citizen	4.1	3.1	6.1 ***	3.5	6.0 ***	3.4	7.0 ***
Health Status							
Fair or poor	10.4	8.3	14.6 ***	9.4	13.9 ***	8.8	17.5 ***
Good, very good, or excellent	89.6	91.7	85.4 ***	90.6	86.1 ***	91.2	82.5 ***
Disability Status							
Activities are limited by a health problem	18.1	14.8	24.8 ***	16.3	24.2 ***	15.7	28.7 ***
Activities are not limited by a health problem	81.9	85.2	75.2 ***	83.7	75.9 ***	84.3	71.3 ***
Family Income Relative to the Federal Poverty Level (FPL)							
Less than 150% FPL	19.0	17.5	21.9 ***	18.3	21.3 **	17.8	24.4 ***
150 to 299% FPL	17.9	16.8	20.1 ***	18.1	17.1	16.3	25.2 ***
300 to 499% FPL	23.8	23.9	23.6	24.0	23.4	23.6	24.8
500% FPL or more	39.4	41.8	34.4 ***	39.7	38.3	42.4	25.7 ***
Region							
Western	12.6	12.1	13.6	12.3	13.7	12.0	15.1 **
Central	12.1	12.2	12.0	12.2	11.9	12.1	12.3
Northeast	10.7	10.9	10.3	10.9	10.1	10.8	10.1
Metro West	35.2	36.5	32.4 ***	35.7	33.4 *	36.4	29.6 ***
Southeast	19.0	18.8	19.4	19.0	19.0	18.7	20.3
Boston	10.4	9.5	12.3 ***	10.0	11.9 *	9.9	12.6 **

Source: 2008 and 2009 Massachusetts Health Insurance Survey, N=9,283

\* (\*\*) (\*\*\*) Difference from value for those reporting "No" in relevant category is statistically significant at the .10 (.05) (.01) level, two-tailed test.

each population group, being older, lacking U.S. citizenship, having a disability, and having lower family income were strong predictors of having problems obtaining health care.

## Discussion

Although Massachusetts has achieved near universal health insurance under the 2006 health reform initiative and access to care in Massachusetts is better than that in the nation as a whole, our findings suggest that despite having health insurance, some groups still face significant barriers to obtaining health care. In the 2008 and 2009 MHIS surveys difficulties with access to providers

**Table 5: Marginal Effects from Probit Models of Barriers to Health Care among Massachusetts Residents with Full-Year Insurance Coverage in 2008 and 2009**

	Any problems getting health care	Any difficulty getting care related to access to providers	Unable to get an appointment when needed	Told provider did not take type of insurance	Told provider was not taking new patients	Any unmet health care needs because of costs	Unmet need for doctor care	Unmet need for specialist care	Unmet need for dental care	Unmet need for prescription drugs
<b>Age (years)</b>										
0 to 5	-2.6	2.4	2.2	1.1	0.1	-5.6 ***	-0.9 *	0.0	-5.4 ***	-1.5 *
6 to 11	-1.0	1.7	1.0	2.8 **	-1.3	-1.9	-0.2	0.5	-2.6 **	0.5
12 to 18	3.5	4.6 **	2.6	3.2 **	2.9 **	1.7	0.0	1.7 **	1.4	-0.3
19 to 34	19.0 ***	16.0 ***	13.3 ***	4.9 ***	10.8 ***	12.1 ***	2.7 ***	4.4 ***	10.1 ***	4.0 ***
35 to 50	21.6 ***	16.3 ***	13.5 ***	4.1 ***	8.3 ***	15.4 ***	4.1 ***	4.4 ***	11.2 ***	6.4 ***
51 to 64	13.6 ***	8.9 ***	6.6 ***	3.0 ***	4.6 ***	10.0 ***	2.6 ***	2.9 ***	7.7 ***	2.9 ***
65 and older (comparison group)										
<b>Race/Ethnicity</b>										
White, non-Hispanic (comparison group)										
Black, non-Hispanic	-1.3	-2.1	-1.5	-1.8	-0.8	0.2	0.1	-0.1	-0.6	2.4
Other/multiple races, non-Hispanic	0.8	2.2	-1.0	0.0	3.0	0.7	0.3	-0.3	1.7	0.4
Hispanic	2.0	2.1	1.3	0.1	-0.1	0.6	-0.3	0.1	1.3	0.8
<b>Sex</b>										
Female	4.5 ***	5.2 ***	3.7 ***	0.9	3.7 ***	2.1 ***	0.3	1.3 ***	1.1 *	2.3 ***
Male (comparison group)										
<b>U.S. Citizenship Status</b>										
Citizen (comparison group)										
Not a citizen	10.3 ***	5.8 **	3.0	2.5 *	1.2	7.7 ***	1.0	2.4 **	6.1 ***	0.4
<b>Health Status</b>										
Fair or poor	7.3 ***	6.8 ***	6.8 **	0.9	3.8 **	4.6 **	2.2 *	3.4 **	1.1	4.6 ***
Good, very good, or excellent (comparison group)										
<b>Disability Status</b>										
Activities are limited by a health problem	12.9 ***	9.8 ***	5.9 ***	5.0 ***	4.4 ***	9.4 ***	2.7 ***	4.5 ***	5.7 ***	5.2 ***
Activities not limited by a health problem (comparison group)										
<b>Family Income Relative to the Federal Poverty Level (FPL)</b>										
Less than 150% FPL	7.3 ***	1.4	-1.3	7.1 ***	-1.0	9.9 ***	4.1 ***	3.9 ***	7.7 ***	4.4 ***
150 to 299% FPL	10.2 ***	0.6	0.0	3.3 ***	-1.0	15.2 ***	3.4 ***	3.6 ***	12.2 ***	6.8 ***
300 to 499% FPL	4.7 ***	0.8	0.3	1.5 **	0.6	7.5 ***	2.4 ***	2.7 ***	5.6 ***	3.0 ***
500% FPL or more (comparison group)										
<b>Region</b>										
Metro West (comparison group)										
Western	3.7 *	2.9 *	2.4 *	3.2 ***	2.8 **	4.4 ***	1.6 *	0.5	2.9 **	1.2
Central	2.2	1.4	1.2	0.3	1.8	2.7	0.9	1.2	0.9	1.1
Northeast	1.1	0.1	0.7	1.0	-0.6	1.6	-0.1	0.0	1.6	0.0
Southeast	3.3 **	1.7	-0.4	1.5 **	2.6 **	3.9 ***	0.1	1.1	1.6	2.2 **
Boston	4.9 **	2.4	3.2 *	0.5	2.2	3.3 *	0.4	1.3	2.6	0.6

Source: 2008 and 2009 Massachusetts Health Insurance Survey, N=9,111

Note: Observations missing data for any of those variables are excluded from the regression analysis (172 cases).

\* (\*\*) (\*\*\*) Estimate is statistically significant at the .10 (.05) (.01) level, two-tailed test.

and affordability of care were reported by almost one-third of residents who were insured for the full year. Problems obtaining care were reported most often by non-elderly adults, individuals who were not U.S. citizens, those with health problems, and those with low and moderate family income. While this study cannot identify the specific factors associated with the reported barriers to obtaining care, it is likely that they reflect both individual characteristics and characteristics of the health care system (e.g., health care costs, cost-sharing provisions under insurance coverage, and provider participation in the public insurance programs).

We also found differences in reported difficulties obtaining care among those relying on different care settings as their usual source of care and among those with different types of insurance coverage. Individuals who relied on community health centers and other public clinics were more likely than those relying on a doctor's office or private clinic to report problems obtaining health care. Likewise, individuals who were covered by MassHealth, CommCare, CommChoice, or other coverage were more likely to report difficulties obtaining care relative to those with employer-sponsored insurance coverage. While the barriers to care reported by these groups cannot necessarily be attributed to the care setting or coverage type based on the data available to this study, the presence of those difficulties suggest that targeting the needs of individuals within those care settings and coverage sources could be an effective strategy for reaching individuals who face greater difficulties obtaining care in Massachusetts.

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